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Under the Paperwork Reduction Ac	respond to a collection of information unless it displays a valid OMB control number							
Effective on 12/	Complete if Known Application Number 10/553,975-Conf. #8239							
FEE TRANSMITTAL For FY 2009			Application Number		October 19, 2005			
			Filing Date		Young Kyu SON			
					A. W. Mok			
Applicant claims small entity status. See 37 CFR 1.27					2834			
			Art Unit	3449-0545PUS1				
TOTAL AMOUNT OF PAYMENT (\$) 810.00			Attorney Docket No.		3449-03437-03	<u> </u>		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND	EXAMINATION FE	ES						
I	FILING FEES	SE	ARCH FEES	EXAMI	NATION FEES			
Application Type Fee	(\$) Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)	
Utility 33		540	270	220	110	1 003	raid (V)	
Design 22		100	50	140	70			
Plant 22		330	165	170	85			
Reissue 33		540	270	650	325	***************************************		
Provisional 22		0	0	030	0			
2. EXCESS CLAIM FEES	0 110	U	U	U	U	*****	Small Entite	
Fee Description						Fee (\$)	Small Entity Fee (\$)	
Each claim over 20 (including Reissues)						52	26	
Each independent claim over 3 (including Reissues)						220	110	
Multiple dependent claims				390	195			
Total Claims		Fe	Fee Paid (\$) Mu		lultiple Dependent Claims		s	
28 - <sup>28</sup> or HP	x =		——————————————————————————————————————			Fee Paid (	<del>-</del>	
HP = highest number of total claims paid for, if greater than 20.							_	
Indep. Claims			ee Paid (\$)					
2 -5 or HP = x =								
HP = highest number of independent clair	ns paid for, if greater than	n 3.						
3. APPLICATION SIZE FEE								
If the specification and drawings	exceed 100 sheets o	f paper (	excluding electro	onically fi	led sequence or	computer		
listings under 37 CFR 1.52(e); sheets or fraction thereof. See	), the application siz	e tee du (G) and	37 CFR 1 16(c)	or small e	ntity) for each ac	iditional 5	,0	
Total Sheets Extra She			iditional 50 or fract	tion theres	of Fee (\$)	Fee	Paid (\$)	
- 100 =					_	<u> </u>	1 414 (4)	
- 100 = /50 = (round up to a whole number) x =								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00								
SUBMITTED BY								
Signature Cha 10. Well	<b>b</b>		Registration No.	39,538	Telephone	(702) 20	NE 8000	
1 2et Ne 50,875 (Attorney/Agent) 39,335					<u> </u>	(703) 205-8000		
Name (Print Type) James T. Eller,	Jr				Date	April 30	), 2009	